



Complete Summary

TITLE

Community acquired pneumonia: pediatric community acquired pneumonia patients and/or their caregivers who receive smoking cessation advice or counseling during the hospital stay.

SOURCE(S)

Community acquired pneumonia core performance measures. In: Specifications manual for national implementation of hospital core measures. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 July. p. CAP-1 to CAP-5-7.

Brief Abstract

DESCRIPTION

The purpose of this measure is to ensure that pediatric patients with pneumonia, and their caregivers, are educated about behavioral risk factors that contribute to their disease.

RATIONALE

The publication "Treating Tobacco Use and Dependence, Quick Reference Guide for Clinicians" states that tobacco use has been cited as the single greatest cause of disease in the United States today. According to the National Cancer Institute, and the U.S. Department of Health and Human Services, more than 430,000 deaths each year are attributed to a smoking related illness; included in these deaths are roughly 4,000 infants. Smoking accounts for one out of every five deaths in the United States and is the most important modifiable cause of premature death. Smoking cessation treatments ranging from brief clinician advice to specialist-delivered intensive programs, including pharmacotherapy, are not only clinically effective, but also they are extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Hospitalization can be an ideal opportunity for the delivery of information to parents regarding the risks of exposing children to second-hand smoke. Patients and/or caregivers who receive even brief smoking-cessation advice from their physicians are more likely to quit than those who receive no counseling at all, thereby reducing childhood exposure to second-hand smoke and parental/adolescent smoking rates.

PRIMARY CLINICAL COMPONENT

Community acquired pneumonia; pediatric smoking cessation advice or counseling

DENOMINATOR DESCRIPTION

Pediatric community acquired pneumonia (CAP) patients and/or their caregivers with a history of smoking cigarettes during the year prior to hospital arrival (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Pediatric community acquired pneumonia (CAP) patients and/or their care givers who receive smoking cessation advice or counseling during the hospital stay

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Treating tobacco use and dependence. A clinical practice guideline.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Kikano GE, Jaen CR, Gotler RS, Stange KC. The value of brief, targeted smoking cessation advice. Fam Pract Manag 2000 Jan; 7(1):50-2.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age less than 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Burden of Illness" field.

BURDEN OF ILLNESS

In the United States (U.S.), pneumonia is the sixth most common cause of death. From 1979-1994, the overall rates of death due to pneumonia and influenza increased by 59%. Much of this increase is due to a greater population of persons aged 65 years or older, and a changing epidemiology of pneumonia, including a greater proportion of the population with underlying medical conditions at increased risk of respiratory infection.

According to the National Cancer Institute and the U.S. Department of Health and Human Services, more than 430,000 deaths each year are attributed to a smoking related illness; included in these deaths are roughly 4,000 infants. Smoking accounts for one out of every five deaths in the United States and is the most important modifiable cause of premature death.

EVIDENCE FOR BURDEN OF ILLNESS

Bartlett JG, Dowell SF, Mandell LA, File Jr TM, Musher DM, Fine MJ. Practice guidelines for the management of community-acquired pneumonia in adults. Infectious Diseases Society of America. Clin Infect Dis 2000 Aug; 31(2): 347-82. [218 references]

Clinical interventions to prevent tobacco use by children and adolescents. A supplement to 'How to help your patients stop smoking: a National Cancer Institute manual for physicians'. Bethesda (MD): U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health; Various p.

Community acquired pneumonia core performance measures. In: Specifications manual for national implementation of hospital core measures. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 July. p. CAP-1 to CAP-5-7.

National Cancer Institute. Prevention and cessation of cigarette smoking: control of tobacco use. [internet]. Bethesda (MD): National Cancer Institute; 2002 Sep [cited 2002 Dec 06]. [10 p].

UTILIZATION

Annually, 2-3 million cases of community acquired pneumonia result in 10 million physician visits; 500,000 hospitalizations; and 45,000 deaths.

EVIDENCE FOR UTILIZATION

Bartlett JG, Dowell SF, Mandell LA, File Jr TM, Musher DM, Fine MJ. Practice guidelines for the management of community-acquired pneumonia in adults. Infectious Diseases Society of America. Clin Infect Dis 2000 Aug; 31(2): 347-82. [218 references]

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Pediatric community acquired pneumonia (CAP) patients, age less than 18 years, and/or their caregivers with a history of smoking cigarettes during the year prior to hospital arrival

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All pediatric community acquired pneumonia (CAP) patients, including patients transferred from long-term care facilities, with:

- International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Principal Diagnosis Code of pneumonia as defined in Appendix A (ICD-9-CM Code Tables), Table 3.1 of the original measure documentation

OR

- ICD-9-CM Principal Diagnosis Code of septicemia as defined in Appendix A, Table 3.2 AND ICD-9-CM Other Diagnosis Code of pneumonia as defined in Appendix A, Table 3.1

OR

- ICD-9-CM Principal Diagnosis Code of respiratory failure as defined in Appendix A, Table 3.3 AND ICD-9-CM Other Diagnosis Code of pneumonia as defined in Appendix A, Table 3.1

AND

- Caregivers of pediatric patients who have a history of smoking* within the year prior to admission

*Pediatric Smoking History: If the medical record indicates the patient and/or caregiver is a non-smoker (or does not document the date the patient and/or caregiver quit smoking), consider the patient and/or caregiver a non-smoker who

does not require smoking cessation advice/counseling. If however, the medical record states the patient and/or caregiver quit smoking within the past year, smoking cessation advice/counseling is required. If conflicting information is documented regarding cigarette smoking status, then assume the patient and/or caregiver is a smoker.

Exclusions

- Patients transferred to another acute care hospital
- Patients who left against medical advice
- Patients discharged to hospice
- Patients who expired
- Patients who have no working diagnosis of pneumonia at the time of admission
- Patients receiving Comfort Measures Only (palliative care)
- Patients 18 years of age and older

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Pediatric community acquired pneumonia (CAP) patients and/or their caregivers who receive smoking cessation advice or counseling during the hospital stay

Pediatric Smoking Counseling: Documentation indicating the patient and/or caregiver received one of the following:

- Advice to stop smoking whether or not the patient and/or caregiver is a current smoker;
- A viewing of a smoking cessation video;
- Brochures or handouts on smoking cessation; or
- A smoking cessation aid such as Nicoderm or Zyban.

Note: If both patient and caregiver smoke, both must receive counseling to meet this indicator.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

The core measure pilot project was a collaboration among the Joint Commission, five state hospitals associations, five measurement systems, and 83 hospitals from across nine states. Participating hospitals collected and reported data for community acquired pneumonia (CAP) measures from March 2001 to December 2001.

Core measure reliability visits were completed the summer of 2001 at a random sample of 16 participating hospitals across 6 states.

Preliminary data from the pilot test show a mean measure rate of 17% for the pediatric measure, indicating significant room for improvement.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). A comprehensive review of development and testing for national implementation of hospital core measures. [internet]. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 [cited 2002 Nov 13]. [8 p].

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Information on final specifications for national implementation of hospital core measures as of 11/04/02. [internet]. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 Nov 04 [cited 2002 Nov 13]. [10 p].

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Overview of the community acquired pneumonia (CAP) core measure set. [internet]. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 Mar 22 [cited 2002 Nov 13]. [6 p].

Identifying Information

ORIGINAL TITLE

Pediatric smoking cessation advice/counseling.

MEASURE COLLECTION

[Joint Commission on Accreditation of Healthcare Organizations \(JCAHO\) Core Performance Measures](#)

MEASURE SET NAME

[Community Acquired Pneumonia Core Performance Measures](#)

DEVELOPER

Joint Commission on Accreditation of Healthcare Organizations

ADAPTATION

Measure was adapted from another source.

PARENT MEASURE

Unspecified

RELEASE DATE

2001 Mar

REVISION DATE

2002 Jul

MEASURE STATUS

This is the current release of this measure.

SOURCE(S)

Community acquired pneumonia core performance measures. In: Specifications manual for national implementation of hospital core measures. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 July. p. CAP-1 to CAP-5-7.

MEASURE AVAILABILITY

The individual measure "Pediatric Smoking Cessation Advice/Counseling," is published in "Specifications Manual for National Implementation of Hospital Core Measures." Information is available from the [Joint Commission on Accreditation of Healthcare Organizations \(JCAHO\) Web site](http://www.jcaho.org). For further information refer to www.jcaho.org.

COMPANION DOCUMENTS

The following are available:

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Overview of the community acquired pneumonia (CAP) core measure set. [internet]. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 Mar 22 [cited 2002 Nov 13]. [6 p]. This document is available from the [Joint Commission on Accreditation of Healthcare Organizations \(JCAHO\) Web site](http://www.jcaho.org).
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). A comprehensive review of development and testing for national implementation of hospital core measures. [internet]. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 [cited 2002 Nov 13]. [8 p]. This document is available from the [JCAHO Web site](http://www.jcaho.org).
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Attributes of core performance measures and associated evaluation criteria. [internet]. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 [cited 2002 Nov 13]. [4 p]. This document is available from the [JCAHO Web site](http://www.jcaho.org).
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Information on final specifications for national implementation of hospital core measures as of 11/04/02. [internet]. Oakbrook Terrace (IL): Joint Commission on Accreditation of Healthcare Organizations (JCAHO); 2002 Nov 04 [cited 2002 Nov 13]. [10 p]. This document is available from the [JCAHO Web site](http://www.jcaho.org).

NQMC STATUS

This NQMC summary was completed by ECRI on December 27, 2002. The information was verified by the Joint Commission on Accreditation of Healthcare Organizations on January 17, 2003.

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